

FILED DEC 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43116

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>3095</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>RICHMOND HEIGHTS</u> TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>3 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>23</u> TOWN <u>Overland</u>		<u>4231</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2708 Woodson Road</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ERMINIA</u>		b. (Middle) <u>M.</u>		c. (Last) <u>COSBY</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wearing App.</u>		8. DATE OF BIRTH <u>11-30-1887</u>		9. AGE (In years last birthday) <u>63</u> If under 1 year: Months <u>20</u> Days <u>20</u> If under 12 hrs. Hours <u>20</u> Min.	
11a. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas L. Von Achen</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Horn</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Cosby</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-07-5843</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thos. VonAchen, 7819 St. Charles Rd. St. Louis Co., Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C-V Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4231 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 1945, to <u>Dec 20</u> , 1950, that I last saw the deceased alive on <u>Dec 19</u> , 1950, and that death occurred at <u>6:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. C. MacDonald D.M.D.</u>				23b. ADDRESS <u>539 N. Grand</u>		23c. DATE SIGNED <u>12-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-22-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.</u>			

RWP (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. *11*

Student Embalmer No.

Signed _____

H. L. Burgess

Signed _____

Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address _____

Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.